Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	01/25/10	Address:	<u>2701 N 575 W</u>
Case #:	<u>52-47677</u>		Bargersville, IN 46106
County:	<u>Johnson</u>		·
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Seizure Location (compared Residence Outbuilding	check all that apply) Hotel/Motel Open – No Structure
	te (only)	Vehicle	Other:
Check all the Lithium Red Pho Flamma Water R Manhydro Hydroch Corrosiv Corrosiv	at apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s): ble Solvents: teactive Metal (Lithium): ous Ammonia: open air nloric Acid Gas Generator(s): ve Acid: ve Base: tem and location):	r <u>, etc)</u>	
Yes No *If yes, fax re This report Fire Departs Health Departs	r age 18 discovered (check one) (number present) port to Child Protective Services t is to be faxed to the following agen ment: Bargersville Fire artment: Johnson Co. Health ction Service: N/A	Ephedrin Retail/Mo Other:	22-5187 736-5264
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.